

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000029614 (2)

1. Corporation Name

TLG PARTNERS, INC.



Principal Place of Business

%WALKER & KOEGLER, P.A.
4655 SALISBURY ROAD, SUITE 390
JACKSONVILLE FL 32256

Mailing Address

%WALKER & KOEGLER, P.A.
4655 SALISBURY ROAD, SUITE 390
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified

04/18/1994

3a. Date of Last Report

02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 10151 Deerwood Park Blvd.

26 10151 Deerwood Park Blvd.

4. FEI Number

59-3236987

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Bldg. 100, Suite 200

27 Bldg. 100, Suite 200

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32256

25 USA

29 32256

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, JAMES V
4655 SALISBURY ROAD
SUITE 390
JACKSONVILLE FL 32256

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10151 Deerwood Park Blvd.

83 Bldg. 100, Suite 200

84 City Jacksonville

FL

85 Zip Code
32256

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D
NAME GOSLIN, TERI L
STREET ADDRESS 4655 SALISBURY ROAD, SUITE 390
CITY-ST-ZIP JACKSONVILLE FL 32256

☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

10151 Deerwood Park Blvd. Bldg. 100, Suite 200
Jacksonville, FL 32256

2.1 TITLE

S
NAME MCCLAE, MARSHA M
STREET ADDRESS 4655 SALISBURY ROAD, STE. 390
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

10151 Deerwood Park Blvd. Bldg. 100, Suite 200
Jacksonville, FL 32256

3.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marsha M. McCaleb*

MARSHA M. McCALEB

2/15/96

520-425-7782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)